

SERIAL NUMBER 09/068,278	FILING DATE 07/09/98	CLASS 057	GROUP ART UNIT 3741	ATTORNE ROSS11-1
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APPLICANT BEAT LOCHER, THUN, SWITZERLAND; JIRI STAPAN, SARGANS, SWITZERLAND.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/EP97/05216 09/23/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED SWITZERLAND 2329/36 09/23/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/28/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CHX	SHEETS DRAWING 33	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS M ROBERT KESTENBAUM  
11011 BERMUDA DUNES NE  
ALBUQUERQUE NM 87111  
PHONE: (505) 332-0771

TITLE CONTINUOUS CABLE PROCESSING DEVICE

FILING FEE RECEIVED  \$1,043	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Printed 03/30/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/068,278	07/09/1998	029	3722	ROSS11-PC/P

APPLICANT  
BEAT LOCHER, THUN, SWITZERLAND; JIRI STAPAN, SARGANS, SWITZERLAND.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
*[Signature]*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/EP97/05216 09/23/1997  
*[Signature]* WHICH IS A CIP of PCT/EP96/04790, filed 11/4/1996.  
ECC

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED SWITZERLAND 2329/86 09/23/1996  
*[Signature]* SWITZERLAND 3235/95 11/2/95  
ECC

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="radio"/> yes <input type="radio"/> no <input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<i>[Signature]</i> ECC	CHX	33	1	1
Examiner's Name Initials					

ADDRESS  
M ROBERT KESTENBAUM  
11011 BERMUDA DUNES NE  
ALBUQUERQUE , NM 87111

TITLE  
CONTINUOUS CABLE PROCESSING DEVICE

<b>FILING FEE RECEIVED</b>  \$*1043	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processi <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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